

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1/2					53						
4		2/1					54						
5		1/1					55						
6		1/1					56						
7		1/1					57						
8		1/1					58						
9		1/1					59						
10		1/1					60						
11		1/1					61						
12		1/1					62						
13		1/1					63						
14		1/1					64						
15		1/1					65						
16		1/1					66						
17		1/1					67						
18		1/1					68						
19		1/1					69						
20		1/1					70						
21		1/1					71						
22		1/1					72						
23		1/1					73						
24		1/1					74						
25	1						75						
26		1					76						
27		1/2					77						
28		1/1					78						
29		1/1					79						
30		1/1					80						
31		1/1					81						
32		1/1					82						
33		1/1					83						
34		1/1					84						
35		1/1					85						
36		1/1					86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	34	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	36						TOTAL CLAIMS						